Dear Colleague:

On behalf of the entire research group, I thank you for your continued willingness to share the details of your life to help improve the health of women everywhere. The success of the Nurses’ Health Study is, of course, directly attributable to the outstanding quality of the information which you have faithfully provided for nearly a quarter of a century.

The attached questionnaire has been redesigned to make it easier to complete. We have increased the size of the print and made it generally less “crowded.” We hope you like the change! We have NOT used this as an opportunity to increase the number of questions. Please be assured that this booklet contains the same number of questions as our standard six-page survey.

We value each member of the Nurses’ Health Study as a colleague in our research, regardless of your employment (or retirement) status. Also, whether your health has been excellent or if you have been ill, your response is equally important. In short, no matter what your circumstances, we need to hear from you!

It is with our deepest gratitude that we thank you again for the time and care that you have continued to offer in furthering the study of women’s health. The value of your contribution has been enormous.

Best Regards,

Frank E. Speizer, M.D.
Principal Investigator

Do you have Internet e-mail?

If you do, please print your e-mail address in the box so that we may send you occasional updates on the progress of the Nurses’ Health Study.

Please print neatly and differentiate numbers and letters (e.g., 1 vs l or i, Ø vs O, 5 vs S)

We will not release your e-mail address to anyone!
INSTRUCTIONS

Please use an ordinary No. 2 pencil to answer all questions. Fill in the appropriate response circles completely, or write the requested information in the boxes provided. Note that some questions ask for information since June 1998, some ask for current status, and some ask about events over longer periods. The form is designed to be read by optical-scanning equipment, so it is important that you make NO STRAY MARKS and keep any write-in responses within the spaces provided. Should you need to change a response, erase the incorrect mark completely. If you have comments, please write them on a separate piece of paper.

EXAMPLE 1: Write your weight in the boxes . . .

. . . and fill in the circle corresponding to the figure at the head of each column.

Please fill in the circle completely, do not mark this way:

✓ ✗ ✧

NOTE: It is important that you write in your weight in addition to completing the corresponding circles. This allows us to confirm that the correct circles have been filled in.

EXAMPLE 2: Mark “Yes” bubble and Year of Diagnosis bubble for each illness you have had diagnosed.

9. Since June 1998, have you had any of these physician-diagnosed illnesses?

If your name and address as printed on this questionnaire are no longer correct or are incomplete, or if you are providing your e-mail address, please make any necessary changes on the letter and enclose it with your completed form.

Otherwise, please tear off the cover letter (to preserve confidentiality) and return the booklet in the enclosed postage-paid envelope.
1. Is this your correct Date of Birth?

- Yes
- No → If No, Please write correct date.

   MONTH / DAY / YEAR

2. What is your current weight?

```
   0  1  2  3  4  5  6  7  8  9
  0  0  0  1  1  1  2  2  2  2
  3  3  3  4  4  4  5  5  5  5
  6  6  6  7  7  7  8  8  8  8
  9  9  9  9  9  9  9  9  9  9
```

3. What is the difference between your highest and lowest weight during the last two years?

   - No change
   - 2–4 lbs.
   - 5–9 lbs.
   - 10–14 lbs.
   - 15–29 lbs.
   - 30–49 lbs.
   - 50 or more lbs.

4. Have you had your uterus removed?

   - No
   - Yes → Date of surgery: 
     - Before June 1, 1998
     - After June 1, 1998

5. Have you ever had either of your ovaries surgically removed?

   - No
   - Yes → a) How many ovaries do you have remaining?
     - None
     - One

PLEASE DO NOT WRITE IN THIS AREA
6. **Since June 1998, have you used Evista (raloxifene) or Nolvadex (tamoxifen)?**

   a) **How many months have you used each drug during the 24-month period between June 1998 and June 2000?**

      - **Evista:**
        - Not Used
        - 1–4 months
        - 5–9
        - 10–14
        - 15–19
        - 20–24 months
        - Used only after 6/2000

      - **Nolvadex:**
        - Not Used
        - 1–4 months
        - 5–9
        - 10–14
        - 15–19
        - 20–24 months
        - Used only after 6/2000

   b) **Are you currently using Evista or Nolvadex?**

      - No, not currently
      - Yes, Evista
      - Yes, Nolvadex

7. **Since June 1998, have you regularly used any over-the-counter (e.g., “alternative,” “herbal,” “natural” or soy-based) preparations for hormone replacement or to treat postmenopausal symptoms? (Do not include food sources such as tofu, soy milk or soy bars.)**

   a) **Please mark the type(s) of preparations you have used at least once a week, and the number of months used between June 98 and June 2000.**

<table>
<thead>
<tr>
<th>Preparations</th>
<th>MONTHS USED BETWEEN JUNE 98 AND JUNE 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Soy estrogen supplement (e.g., Estroven)</td>
<td>1–4 months</td>
</tr>
<tr>
<td>Soy powder (e.g., Iso-Soy)</td>
<td>1–4 months</td>
</tr>
<tr>
<td>Black cohosh (e.g., Remifemin)</td>
<td>1–4 months</td>
</tr>
<tr>
<td>Dong quai (e.g., Rejuvex)</td>
<td>1–4 months</td>
</tr>
<tr>
<td>Natural progesterone cream or wild yam cream (e.g., Progest Cream)</td>
<td>1–4 months</td>
</tr>
<tr>
<td>Other, e.g., phytoestrogens (specify)</td>
<td>1–4 months</td>
</tr>
</tbody>
</table>

Please Continue on Page 3
8. Since June 1998, have you used prescription female hormones?

- Yes □  No □

**a)** How many months have you used them during the 24-month period between June 1998 and June 2000?

- 1–4 months □  5–9 □  10–14 □  15–19 □  20–24 months □  Used only after June 2000 □

**b)** Are you currently using them (within the last month)?

- Yes, currently □  No, not currently □

**c)** Mark the types of hormones you have used the longest during this period.

<table>
<thead>
<tr>
<th>Combined:</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Prempro (Pink)</td>
<td>Prempro (Blue)</td>
<td>Premphase</td>
<td>CombiPatch</td>
<td>FemHRT</td>
</tr>
<tr>
<td>Estrage</td>
<td>Micronized (e.g., Prometrium)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Micronized (e.g., Promerium)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provera/Cycrin/MPA</td>
<td>Vaginal</td>
<td>Micronized (e.g., Prometrium)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other progesterone (specify below)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**d)** If you used oral conjugated estrogen (e.g., Premarin) what dose did you usually take?

- .30 mg/day or less (Green) □  .625 mg/day (Brown) □  .9 mg/day (White) □
- 1.25 mg/day (Yellow) □  More than 1.25 mg/day □  Dose unknown □
- Did not take oral conjugated estrogen □

**e)** If you used oral medroxyprogesterone (e.g., Provera, Cycrin), what dose did you usually take?

- 2.5 mg or less □  5–9 mg □  10 mg □  More than 10 mg □
- Dose unknown □  Not used □

**f)** What was your pattern of hormone use (Days per Month)?

<table>
<thead>
<tr>
<th>Oral or Patch Estrogen:</th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Days per Month</td>
<td>Not used</td>
<td>&lt;1 day/mo</td>
<td>1–8 days</td>
<td>9–18</td>
</tr>
<tr>
<td>Progesterone:</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Days per Month</td>
<td>Not used</td>
<td>&lt;1 day/mo</td>
<td>1–8 days</td>
<td>9–18</td>
</tr>
</tbody>
</table>

Please Continue on Page 4
9. **Since June 1998, have you had any of these physician-diagnosed illnesses?**

**LEAVE BLANK FOR "NO," MARK HERE FOR "YES"**

<table>
<thead>
<tr>
<th>Illness</th>
<th>Year of Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Fibrocystic/other benign breast disease</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Confirmed by breast biopsy?</td>
<td>After June 1998</td>
</tr>
<tr>
<td><strong>Breast cancer</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>Cancer of the cervix (include in-situ)</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>Cancer of the uterus (endometrium)</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>Cancer of the ovary</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>Colon or rectal polyp (benign)</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>Cancer of the colon or rectum</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>Cancer of the lung</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>Melanoma</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>Basal cell skin cancer</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>Squamous cell skin cancer</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>Other cancer</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Specify site of other cancer</td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>Diabetes mellitus</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>Elevated cholesterol</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>High blood pressure</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>Myocardial infarction (heart attack)</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Hospitalized for MI?</td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>Angina pectoris</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td>Confirmed by angiogram?</td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>Coronary bypass or angioplasty</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>Congestive heart failure</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>Stroke (CVA)</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>TIA (Transient ischemic attack)</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>Peripheral artery disease or claudication of legs (not varicose veins)</strong></td>
<td>Before June 1998</td>
</tr>
<tr>
<td><strong>Carotid surgery (Endarterectomy)</strong></td>
<td>Before June 1998</td>
</tr>
</tbody>
</table>
Since June 1998, have you had any of these physician-diagnosed illnesses?

**MARK “YES” BUBBLE AND YEAR OF DIAGNOSIS BUBBLE FOR EACH ILLNESS YOU HAVE HAD DIAGNOSED.**

<table>
<thead>
<tr>
<th>Illness</th>
<th>Before June 1 1998</th>
<th>June 98 to May 2000</th>
<th>After June 1 2000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pulmonary embolus</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Periodontal bone loss</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Osteoporosis</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vertebral fracture, X-ray confirmed</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip replacement</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fractures:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wrist or Colles’ Fracture</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hip fracture</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gastric or duodenal ulcer</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cholecystectomy</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Glaucoma</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Macular degeneration of retina</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cataract—1st Diagnosis (Dx)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cataract extraction</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Asthma, Doctor diagnosed</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emphysema or Chronic bronchitis, Dr. Dx</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>A.L.S. (Amyotrophic Lateral Sclerosis)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Parkinson’s Disease</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Diverticulitis/diverticulosis</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ulcerative colitis/Crohn’s</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Kidney stones</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interstitial Cystitis (Dx by cystoscopy)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Pernicious Anemia/B12 deficiency</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Active TB (X-ray or culture Dx)</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other major illness or surgery since June 1998</td>
<td>Y</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please specify: 

Date:

LEAVE BLANK FOR “NO,” MARK HERE FOR “YES”
10. Have you ever had any of these physician-diagnosed illnesses?

**MARK “YES” BUBBLE AND YEAR OF DIAGNOSIS BUBBLE FOR EACH ILLNESS YOU HAVE HAD DIAGNOSED.**

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Multiple sclerosis</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Shingles</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Increased eye pressure</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>in either eye (over 25mm/Hg)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Depression, Dr. Dx</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>SLE (systemic lupus)</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Osteoarthritis</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Rheumatoid arthritis, Dr. Dx</td>
<td>Y</td>
<td></td>
<td>Y</td>
<td>Y</td>
<td>Y</td>
</tr>
<tr>
<td>Rheumatoid factor</td>
<td>Negative/unknown</td>
<td>Positive</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

11. In the past two years have you had:
(If yes, mark all that apply)

- A physical exam?
- Exam by eye doctor?
- Bimanual pelvic exam?
- Breast exam by clinician?
- Mammogram?
- Fasting blood sugar

12. How many teeth have you lost since 1996?
- None
- 1
- 2
- 3
- 4
- 5–9
- 10+

13. How many of your teeth have ever had root canal therapy?
- None
- 1
- 2
- 3
- 4
- 5–9
- 10+

14. Have you ever had physician-diagnosed atrial fibrillation?
- Yes
- No

  a) Year of First Diagnosis
- Before 1986
- 1986–1992
- 1993–1996
- 1997+

  b) Which of the following best describes your pattern of atrial fibrillation? (Mark one)
- Single resolved episode
- Recurrent episodes that end spontaneously
- Recurrent episodes terminated by treatment
- Permanent or chronic atrial fibrillation
15. Have any of the following biological relatives had...

<table>
<thead>
<tr>
<th>Relative’s Age at First Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Do not count half siblings.)</td>
</tr>
<tr>
<td>Before Age 50</td>
</tr>
</tbody>
</table>

**Ovarian Cancer?**
- [ ] No
- [ ] Mother
- [ ] Sister

**Breast Cancer?**
- [ ] No
- [ ] Mother
- [ ] One Sister
- [ ] Additional Sister
- [ ] Daughter

**Colon or Rectal Cancer?**
- [ ] No
- [ ] Parent
- [ ] One Sibling
- [ ] Additional Sibling

**Pancreatic Cancer?**
- [ ] No
- [ ] Parent
- [ ] Sibling

**Lung Cancer?**
- [ ] No
- [ ] Parent
- [ ] Sibling

**Melanoma?**
- [ ] No
- [ ] Parent
- [ ] Sibling
- [ ] Offspring

**Glaucoma?**
- [ ] No
- [ ] Parent
- [ ] Sibling

---

16. Did you have a colonoscopy or sigmoidoscopy since June 1, 1998?

- [ ] No
- [ ] Yes

**Why did you have the colonoscopy or sigmoidoscopy?** *(Mark all that apply.)*
- [ ] Bleeding in stool
- [ ] Abdominal pain
- [ ] Family history of colon cancer
- [ ] Diarrhea or constipation
- [ ] Positive test for occult fecal blood
- [ ] Barium enema
- [ ] Routine or follow-up screening (no symptoms)

Please Continue on Page 8
17. Your Blood Cholesterol (if checked within 5 years):
   - Unknown/Not checked
   - <140 mg/dl
   - 140–159
   - 160–179
   - 180–199
   - 200–219
   - 220–239
   - 240–269
   - 270–299
   - 300–329
   - 330+ mg/dl

18. How often do you have difficulty holding your urine until you can get to a toilet?
   - Never
   - Hardly ever
   - Some of the time
   - Most of the time
   - All of the time

19. During the last 12 months, how often have you leaked or lost control of your urine?
   a) When you lose your urine, how much usually leaks?
      - A few drops
      - Enough to wet your underwear
      - Enough to wet your outer clothing
      - Enough to wet the floor

20. Do you currently smoke cigarettes?
   - Yes
   - How many/day?
   - 1–4
   - 5–14
   - 15–24
   - 25–34
   - 35–44
   - 45+
   - No

21. What is your normal walking pace outdoors?
   - Slow (less than 2 mph)
   - Very brisk, striding (4 mph or faster)
   - Brisk pace (3 to 3.9 mph)
   - Unable to walk
   - Normal, average (2 to 2.9 mph)

22. How many flights of stairs (not steps) do you climb daily?
   - No flights
   - 1–2 flights
   - 3–4 flights
   - 5–9 flights
   - 10–14 flights
   - 15 or more flights

23. a. During the last month, how often did you have pain or discomfort in or around the knee(s)?
   - Never
   - Less than once/week
   - One day/week
   - 2–6 days/week
   - Daily

   b. During the last year, did you have any knee pain or knee discomfort when doing any of the following?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Never</th>
<th>Sometimes</th>
<th>Usually</th>
<th>Always</th>
<th>Can't do at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking 2 to 3 blocks (1/4 mile)</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bending your knee or squatting</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Getting up from chair without using your arms</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24. Have you ever noticed pain, stiffness, enlargement or swelling of the joints nearest to your fingernails?
   - Yes
   - No

25. Number of times you have fallen to the ground in the past 1 year:
   - None
   - 1
   - 2
   - 3
   - 4
   - 5 or more
26. Regular Medication (mark if used regularly in past 2 years)

### Analgesics

- **Acetaminophen (e.g., Tylenol)**
  - Days per week: 1 or 2–3, 4–5, 6+ days
  - Tablets per week: 1–2, 3–5, 6–14, 15+ tablets

- **“Baby” or low dose aspirin**
  - Days per week: 1 or 2–3, 4–5, 6+ days
  - Tablets per week: 1–2, 3–5, 6–14, 15+ tablets

- **Aspirin or aspirin-containing products (325mg/tablet or more)**
  - Days per week: 1 or 2–3, 4–5, 6+ days
  - Tablets per week: 1–2, 3–5, 6–14, 15+ tablets

- **Ibuprofen (e.g., Advil, Motrin, Nuprin)**
  - Days per week: 1 or 2–3, 4–5, 6+ days
  - Tablets per week: 1–2, 3–5, 6–14, 15+ tablets

- **Celebrex or Vioxx (COX-2 inhibitors)**

- **Other anti-inflammatory analgesics, 2+ times/week (e.g., Aleve, Naprosyn, Relafen, Ketoprofen, Anaprox)**

### Other regular medication

- **Thiazide diuretic**
- **Lasix**

- **Calcium blocker (e.g., Calan, Procardia, Cardizem)**

- **Beta-blocker (e.g., Inderal, Lopressor, Tenormin, Corgard)**

- **ACE Inhibitors (e.g., Capoten, Vasotec, Zestril)**

- **Other antihypertensive (e.g., Aldomet, Apresoline)**

- **Steroids taken orally (e.g., Prednisone, Decadron, Medrol)**

- **Inhaled steroids**
- **Inhaled bronchodilator**

- **Digoxin**
- **Antiarrhythmic**

- **Coumadin**

- **“Statin” cholesterol-lowering drugs [e.g., Mevacor (lovastatin), Pravachol (pravastatin), Zocor (simvastatin), Lipitor]**
  - Number of years used:
    - 0–2 yrs
    - 3–5 yrs
    - 6+ yrs

- **Other cholesterol-lowering drug**

- **Cimetidine (Tagamet)**

- **Prilosec or Prevacid**

- **Other H2 blocker (e.g., Zantac, Pepcid)**

- **Insulin**

- **Oral hypoglycemic medication**

- **Prozac**

- **Zoloft, Paxil, Celexa**

- **Other antidepressants (e.g., Elavil, Tofranil, Pamelor)**

- **Minor tranquilizers (e.g., Valium, Xanax, Ativan, Librium)**

- **Meridia (sibutramine)**

- **Phentermine**

- **Xenical**

- **Other regular medication (no need to specify)**

- **No regular medication**
27. In a typical week during the past year, on how many days did you consume an alcoholic beverage of any type?

- No days
- 1 day
- 2 days
- 3 days
- 4 days
- 5 days
- 6 days
- 7 days

28. In a typical month during the past year, what was the largest number of drinks of beer, wine and/or liquor you may have had in one day?

- None
- 1–2
- 3–5
- 6–9
- 10–14
- 15 or more

29. What is your current work status? (Mark all that apply)

- Retired
- Full-time non-nursing employment
- Nursing full-time
- Homemaker
- Part-time non-nursing employment
- Nursing part-time

30. What is your current marital status?

- Married
- Widowed
- Divorced
- Separated
- Never married

31. Your living arrangement:

- Alone
- With spouse or partner
- With other family
- Nursing home
- Other

32. Have you ever received a blood transfusion? (exclude transfusions of your own blood)

- Yes
- No

  a) Total number of units received in your lifetime?

- None
- 1–2
- 3–4
- 5–10
- 11 or more

  b) Your age at transfusion(s)? (Mark all that apply)

- Before age 30
- 30–39
- 40–49
- 50–59
- 60–69
- 70+

33. DURING THE PAST YEAR, what was your average time PER WEEK spent at each of the following recreational activities?

<table>
<thead>
<tr>
<th>Activity</th>
<th>TIME PER WEEK</th>
</tr>
</thead>
<tbody>
<tr>
<td>Walking for exercise or walking to work</td>
<td>Zero, 1–4 Min., 5–19 Min., 20–59 Min., One Hour, 1–1.5 Hrs., 2–3 Hrs., 4–6 Hrs., 7–10 Hrs., 11+ Hrs.</td>
</tr>
<tr>
<td>Jogging (slower than 10 minutes/mile)</td>
<td></td>
</tr>
<tr>
<td>Running (10 minutes/mile or faster)</td>
<td></td>
</tr>
<tr>
<td>Bicycling (include stationary machine)</td>
<td></td>
</tr>
<tr>
<td>Tennis, squash, racquetball</td>
<td></td>
</tr>
<tr>
<td>Lap swimming</td>
<td></td>
</tr>
<tr>
<td>Other aerobic exercise (aerobic dance, ski or stair machine, etc.)</td>
<td></td>
</tr>
<tr>
<td>Lower intensity exercise (yoga, stretching, toning)</td>
<td></td>
</tr>
<tr>
<td>Other vigorous activities (e.g., lawn mowing)</td>
<td></td>
</tr>
<tr>
<td>Weight training or resistance exercises (Include free weights or machines such as Nautilus)</td>
<td>Arm weights, Leg weights</td>
</tr>
</tbody>
</table>
34. Do you currently take a multi-vitamin? (Please report other individual vitamins in question 35.)

- **Yes** →
  a) How many do you take per week?
  - 2 or less  
  - 3–5  
  - 6–9  
  - 10 or more

- **No**

b) What type of multivitamin do you take? (Mark brand name equivalent if generic is used, e.g., Sentury is equivalent to Centrum)

Mark the ONE type used most frequently.

- Allbee + C
- Caltrate 600
- CVS Daily
- CVS Daily with Minerals
- CVS Pro-Vite
- CVS Mega Multi
- Central Vite
- Central Vite Plus
- Central Vite Select
- Centrum, Century, Sentury
- Centrum Silver
- Formula 100, Nutri-100
- Health Balance Daily Pack
- Healthy Directions Forward Plus
- Nuskin Life Pack
- Ocuvite
- Ocuvite Plus
- One A Day Antioxidant Plus
- One A Day Essential
- One A Day Maximum
- One A Day Womens
- Protegra
- Shaklee Vita-Lea
- Solotron for Women
- Stresstabs
- Surfex T
- Theragran
- Theragran M
- Unicap
- Unicap-M
- Unicap Senior
- VI-MIN 75
- Women Power Pack
- Z-Bec

If your type is not listed, write exact brand/type here

Specify exact brand and type.

c) Does your multivitamin include iron?

- **No**
- **Yes**
- Not Sure

35. Do you take the following separate preparations?

**DO NOT REPORT CONTENTS OF MULTI-VITAMINS MENTIONED ABOVE.**

<table>
<thead>
<tr>
<th>Vitamin</th>
<th>Amount per Day</th>
<th>Dose per day</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Vitamin A</strong></td>
<td>Yes, seasonal only</td>
<td>Is Yes, most months</td>
</tr>
<tr>
<td><strong>Beta-carotene</strong></td>
<td>Yes</td>
<td>Dose per day:</td>
</tr>
<tr>
<td><strong>Vitamin C</strong></td>
<td>Yes, seasonal only</td>
<td>Is Yes, most months</td>
</tr>
<tr>
<td><strong>Folic acid</strong></td>
<td>Yes</td>
<td>Dose per day:</td>
</tr>
<tr>
<td><strong>Vitamin E</strong></td>
<td>Yes</td>
<td>Dose per day:</td>
</tr>
<tr>
<td><strong>Calcium</strong> (Include Calcium in Tums, etc.) (1 Tum = 200 mg elemental calcium)</td>
<td>Yes</td>
<td>Dose per day (elemental calcium):</td>
</tr>
<tr>
<td><strong>Niacin</strong></td>
<td>Yes</td>
<td>Dose per day:</td>
</tr>
<tr>
<td><strong>Zinc</strong></td>
<td>Yes</td>
<td>Dose per day:</td>
</tr>
</tbody>
</table>
36. Question 36, which should only be answered if a tape measure is available, asks about body measurements. This information will be more accurate if you follow these suggestions:

- Make measurements while standing
- Avoid measuring over bulky clothing
- Try to record answers to the nearest 1/4 inch (do not estimate)

<table>
<thead>
<tr>
<th>WAIST</th>
<th>Inches</th>
<th>Fraction</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1/4</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>3</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>4</td>
<td>4</td>
<td>0</td>
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<tr>
<td>5</td>
<td>5</td>
<td>0</td>
</tr>
<tr>
<td>6</td>
<td>6</td>
<td>0</td>
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<tr>
<td>7</td>
<td>7</td>
<td>0</td>
</tr>
<tr>
<td>8</td>
<td>8</td>
<td>0</td>
</tr>
<tr>
<td>9</td>
<td>9</td>
<td>0</td>
</tr>
</tbody>
</table>

Waist: Measure at navel

<table>
<thead>
<tr>
<th>HIP</th>
<th>Inches</th>
<th>Fraction</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>1</td>
<td>1</td>
<td>1/4</td>
</tr>
<tr>
<td>2</td>
<td>2</td>
<td>0</td>
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<tr>
<td>3</td>
<td>3</td>
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<tr>
<td>6</td>
<td>6</td>
<td>0</td>
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<td>7</td>
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<td>8</td>
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<td>0</td>
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<tr>
<td>9</td>
<td>9</td>
<td>0</td>
</tr>
</tbody>
</table>

Hip: Measure the largest circumference around hips (including buttocks)

37. The following items are about activities you might do during a typical day. Does your health now limit you in these activities? If so, how much? (Mark one response on each line.)

- Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports
- Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf
- Lifting or carrying groceries
- Climbing several flights of stairs
- Climbing one flight of stairs
- Bending, kneeling, or stooping
- Walking more than a mile
- Walking several blocks
- Walking one block
- Bathing or dressing yourself

38. Please indicate the name of someone at a **DIFFERENT PERMANENT ADDRESS** to whom we might write in the event we are unable to contact you:

Name: ____________________________
Address: __________________________
Phone Number: ____________________
39. These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much of the time during the past 4 weeks ...

(Mark one response on each line.)

<table>
<thead>
<tr>
<th>Question</th>
<th>All of the Time</th>
<th>Most of the Time</th>
<th>A Good Bit of the Time</th>
<th>Some of the Time</th>
<th>A Little of the Time</th>
<th>None of the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did you feel full of pep?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you been a very nervous person?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you felt so down in the dumps nothing could cheer you up?</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Have you felt calm and peaceful?</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Did you have a lot of energy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you felt downhearted and blue?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you feel worn out?</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Have you been a happy person?</td>
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<tr>
<td>Did you feel tired?</td>
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<td></td>
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</tr>
<tr>
<td>Have you felt hopeless about the future?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you thought about or wanted to commit suicide?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have you felt no interest in things?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did you have difficulty falling asleep or staying asleep?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

40. During the past 4 weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting with friends, relatives, etc.)?

(Mark one response on each line.)

<table>
<thead>
<tr>
<th>How much of the time during the past 4 weeks...</th>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Over the past 4 weeks, I have felt about the same as I have felt during the past year</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I seem to get sick a little easier than other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am as healthy as anybody I know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I expect my health to get worse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My health is excellent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

41. Please choose the answer that best describes how true or false each of the following statements is for you. (Mark one response on each line.)

(Mark one response on each line.)

<table>
<thead>
<tr>
<th>Over the past 4 weeks, I have felt about the same as I have felt during the past year</th>
<th>Definitely True</th>
<th>Mostly True</th>
<th>Not Sure</th>
<th>Mostly False</th>
<th>Definitely False</th>
</tr>
</thead>
<tbody>
<tr>
<td>I seem to get sick a little easier than other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I am as healthy as anybody I know</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I expect my health to get worse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>My health is excellent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
42. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)? (Mark one response on each line.)
   a) Cut down the amount of time you spent on work or other activities
   b) Accomplished less than you would like
   c) Didn’t do work or other activities as carefully as usual

43. During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?
   Not at all  Slightly  Moderately  Quite a bit  Extremely

44. How much bodily pain have you had during the past 4 weeks?
   None  Very mild  Mild  Moderate  Severe  Very severe

45. During the past 4 weeks, how much did bodily pain interfere with your normal work (including both work outside the home and housework)?
   Not at all  A little bit  Moderately  Quite a bit  Extremely

46. During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health? (Mark one response on each line.)
   a) Cut down the amount of time you spent on work or other activities
   b) Accomplished less than you would like
   c) Were limited in the kind of work or other activities
   d) Had difficulty performing the work or other activities (for example, it took extra effort)

47. In general, would you say your health is:
   Excellent  Very Good  Good  Fair  Poor

48. How often do you go to religious meetings or services?
   More than once a week  Once a week  1 to 3 times per month
   Less than once per month  Never or almost never

49. How many hours each week do you participate in any groups such as social or work group, church-connected group, self-help group, charity, public service or community group?
   None  1 to 2 hours  3 to 5 hours  6 to 10 hours  11 to 15 hours  16 or more hours

50. How many living children do you have?
   Daughters
   None  1  2  3  4  5 or more
   Sons
   None  1  2  3  4  5 or more
51. How many of your children do you see at least once a month?
- None
- 1
- 2
- 3
- 4
- 5 or more

52. Apart from your children, how many relatives do you have with whom you feel close?
- None
- 1 to 2
- 3 to 5
- 6 to 9
- 10 or more

53. Apart from your children, how many close relatives do you see at least once a month?
- None
- 1 to 2
- 3 to 5
- 6 to 9
- 10 or more

54. How many close friends do you have?
- None
- 1 to 2
- 3 to 5
- 6 to 9
- 10 or more

55. How many of these friends do you see at least once a month?
- None
- 1 to 2
- 3 to 5
- 6 to 9
- 10 or more

56. Is there any one special person you know that you feel very close to; someone you feel you can share confidences and feelings with?
- Yes
- No
  a) How often do you see or talk with this person?
  - Daily
  - Weekly
  - Monthly
  - Several times/year
  - Once/year or less

57. Can you count on anyone to provide you with emotional support (talking over problems or helping you make a difficult decision)?
- None of the time
- A little of the time
- Some of the time
- Most of the time
- All of the time

58. How many people can you count on to provide you with emotional support?
- None
- One
- Two
- Three or more

59. Have you been employed within the past 2 years?
- Yes
- No
  To what extent would you agree or disagree with the following statement?
  - My job security is good
    - Strongly Disagree
    - Disagree
    - Agree
    - Strongly Agree
    - Not currently employed

60. How many total hours of actual sleep do you get in a 24-hr period?
- 5 hours or less
- 6 hours
- 7 hours
- 8 hours
- 9 hours
- 10 hours
- 11+ hours

61. Do you snore?
- Every night
- Most nights
- A few nights a week
- Occasionally
- Almost never
62. Outside of your employment, do you provide regular care to any of the following? (Mark one response on each line. For people to whom you do not provide regular care, mark “Zero Hours.”)

<table>
<thead>
<tr>
<th>HOURS PER WEEK</th>
<th>Zero Hrs.</th>
<th>1–8 Hrs.</th>
<th>9–20 Hrs.</th>
<th>21–35 Hrs.</th>
<th>36–72 Hrs.</th>
<th>73+ Hrs.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your children</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Grandchildren</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled or ill spouse</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled or ill parent</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disabled or ill other person</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

63. How stressful would you say it is to provide care to the individuals mentioned above?

- Not applicable
- Not at all
- Just a little bit
- Moderately
- Extremely
- Don’t know

64. How rewarding would you say it is to provide care to the individuals mentioned above?

- Not applicable
- Not at all
- Just a little bit
- Moderately
- Extremely
- Don’t know

65. The following questions relate to how you feel about your standing in US society and in your community.

a) Think of this ladder as representing where people stand in the United States.
   - At the top of the ladder are the people who are the best off—those who have the most money, the most education, and the most respectable jobs.
   - At the bottom of the ladder are the people who are the worst off—those who have the least money, the least education, and the least respected jobs or no job.

   Where would you place yourself on this ladder? Fill in the circle that best represents where you think you stand, relative to other people in the United States.

b) Now think of this ladder as representing where people stand in their communities. People define community in different ways. Please define it in whatever way is most meaningful to you.
   - At the top of the ladder are the people who have the highest standing in their community.
   - At the bottom of the ladder are the people who have the lowest standing in their community.

   Where would you place yourself on this ladder? Fill in the circle that best represents where you think you stand at this time in your life, relative to other people in your community.

66. Did you need any help from someone else to complete this questionnaire?

- No
- Yes → What kind of help did you need? (Mark all that apply.)
   - Help with vision
   - Help with writing
   - Help with memory
   - Other
   - This questionnaire was completed by someone other than the participating nurse. (Please elaborate on the next page and include your name, telephone number and relationship to the participant.)
Thank you!

Please check to make sure you have not accidentally skipped any pages.
Please return form in prepaid envelope to:

Frank E. Speizer, MD
Nurses’ Health Study
181 Longwood Ave.
Boston, MA 02115